HOME Safety REVIEW

Elizabeth Reed, Editor

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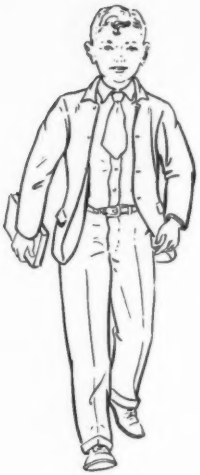
DON'T BE A FALL GUY!

Hold onto rail when using stairs.
Obtain a ladder or step stool.
Move furniture from travel routes.
Enlist the aid of all the clan

So hazards will be on the wane.
Anchor throw rugs to the floor.
Find a place for everything—
Eliminate the stumbling blocks.
Tack linoleum down when it curls.
You'll find your home a safer place!

—Safety Sam

What Is the Accident



THIS PAPER IS a preliminary report of a study which was begun at the Babies Hospital of the Columbia-Presbyterian Medical Center, New York, in the fall of 1951.

The purpose was to explore methods for identifying and determining the significance —in relation to the incidence of accidents to children—of parental attitudes, parent-child relationships, environmental accident hazards, personality characteristics and functioning of the child, physical coordination and physical disabilities.

Special Study

It was planned to do this through the study of a relatively small number of children of school age and of their environment both personal and physical. Children whose accidents had been only in traffic or who had had severe or repeated head injuries were not to be included.

These were to be compared with an equal number of children of similar age and sex who had no accident history and whose health history had been good. The suggested ratio was nine boys and three girls since this corresponded roughly with the child accident fatality figures.

The plan for action consisted of the usual kind of study given a child who is brought to a psychiatric clinic for children, a study which utilizes the services of the child psychiatrist, the clinical psychologist and the psychiatric social worker. In addition, investigations by the pediatrician and other medical specialists were included.

Instead of the 12 originally planned for the accident-repeater group nine children were finally included in the study, eight boys and one girl; the girl was the younger sister of one of the boys. When first seen, they ranged in age from 6 years, 2 months, to 11 years, 6 months; the youngest child was the girl.

A total of 47 accidental injuries had been treated in the emergency clinic. Nineteen of these had occurred at home; 28 had occurred outside the home. Every child had had at least one in the home. Only one child had had all the accidents at home. Most of the children had had numerous lesser injuries for which they had not been brought to the hospital.

The non-accident group were selected from the camp lists of the Babies Hospital medical social service department. This group included a younger brother of one of the accident-repeater boys. Two brothers of decidedly different temperament were also included. The ages ranged from 7 to 11 years with the youngest being a girl.

Environment

Both groups came from the same neighborhood. The income level was similar, ranging from $32 to $60 a week with one family in which both parents worked achieving $85 a week.

Any conclusions to be drawn from this study must be tentative. The group is small and not susceptible to statistical analysis.

Our groups of children certainly represented two extremes on the accident scale. They were, however, exposed to the same

This is an abstract of a speech delivered before the 40th National Safety Congress in Chicago, Illinois, October 20, 1952.

Repeater Like?

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neighborhood environmental hazards and attended the same schools. They were comparable in intelligence as measured by formal tests. The children in both groups did not impress any of the study staff as being seriously emotionally disturbed.

Little of significance was turned up in the physical studies. Children in both groups were healthy and free from gross defects.

The neurological examination was completely normal in all of the accident cases except in one boy who showed a minimal impairment of skilled movements.

Vision Tests

Ophthalmological examinations revealed normal visual acuity in all but one of the children of each group. Two of the non-accident children had mild fusion difficulties. All other children had normal muscle balance, and both groups showed normal depth perception.

Gross estimates of coordination in the general physical and neurological examinations were of normal motor coordination. A difference was noted in the approach of the children to these tasks. The accident children tended to hammer or saw in a less controlled and cautious manner than the non-accident children.

Both groups were well aware of dangerous and potentially dangerous situations. The non-accident children in their daily lives managed to keep away from them whereas the accident children did not. Seven of the non-accident children had had some accident prevention education at home. Insufficient information is available on the other two. Of the accident-children, information about accident education at home was available in five instances: Three were given some instruction by their parents, two were not.

The accident group of children and their parents showed a markedly casual attitude toward the injuries. The factor of secondary gain to the child from the injury in the form of attention from the parents does not seem to be important.

Two of the accident children and one of the non-accident children came from broken homes. Epilepsy was reported in the family histories of two children, one from each group. The father of the brother and sister in the accident group was alcoholic as was the father of two boys, one in the accident and one in the non-accident group. The mothers of five of the accident children worked outside the home; only one of the non-accident mothers was employed. As an apartment house superintendent she was around the house most of the time.

The most striking findings had to do with the incidence of accidents to other members of the immediate family and to collateral relations. Accidents occurred to other members of the immediate family in seven of the nine accident cases and in only three of the non-accident families. (One of these was the family which also provided an accident child to the study.) Accidents occurred in the collateral family lines of eight of the nine accident cases and in only two of the non-accident group. (One of these was the family which had a child in each group.)

Parent-Child Relationship

In both groups of children, home discipline in general was characterized by inconsistencies with explosive crackdowns. Neither group of parents as a whole could be called grossly punitive or cruel. Most of them impressed the staff as being basically warm people even when "bopping" their children.

The general impression, however, was the non-accident parents were closer to the chil-

dren and supervised them more closely. They had less trouble setting limits on their children's activities than did the accident parents. The accident parents seemed less in tune with their children and more distant, but one could not refer to them as grossly "rejecting" parents.

One of the outstanding differences between the two groups of children is the way in which the accident children form pleasant if superficial relationships with adults. The adult finds the accident children likeable. The non-accident children do not show this characteristic. They stick closer to their parents.

Differences

The non-accident children are more dependent on their families, timid on the whole, and not venturesome. The non-accident children are submissive to authority; the accident tend to accept authority with overt criticism at times; and particularly in the younger children there is a fluctuation between acceptance of adult authority and overt defiance.

As yet we have not discovered in our case material evidence that one group or the other is more fearful or has more pent up aggression and resentment. Our material does not seem to justify any conclusion that the accident children have more guilt or self-destructive drives than the non-accident. We have no evidence to support the presence of primary conflict in the authority-hostility area.

Summary of Study

In going over the accumulative observations on the accident children it seemed as if they could be tentatively divided into three groups on the basis of their general behavior and reactions. Briefly summarized:

1. The accident child in one group is overactive and restless. He tends to be impulsive. He is well liked by adults but not well liked by his fellows. He does not get his dependency and security satisfactions at home. He tends to want to be older than his age and to over-extend himself in his activities as he tries to keep up with his ambitions or seek acceptance by the group. He does not retreat from dangerous situations. He has a poor reaction to stress becoming more impulsive and disorganized.

Some of the accidents occur during this stress disorganization. Under stress he does not recognize or heed danger signals.

The accident repeater child described above gets into situations where accidents are inevitable if he is under stress. The accidents then might well be unmotivated and the defect be a developmental one in the ego control mechanisms.

2. A second type of accident-repeater is related to immaturity, lack of parental supervision, an insistence on the part of the child on autonomy and self determination and competition in activities with older children in a hazardous environment.

3. A third group is typified by a resentful, hostile boy who views his home as bleak and empty, a boy who prior to his beginning to have accidents three years ago presented a moderately severe conduct disorder. As this has cleared, his general overt behavior has become less resentful and rebellious. This boy does show pent up rage and aggression; he does salvage some attention from his mother when he is injured. These accidents may well be motivated.

The non-accident group was more timid, submissive and controlled than most children. This may have been a fault of selection. It would seem better to obtain non-accident children selected by a teacher and school nurse rather than rely on children already registered in the hospital clinic.

DAGGERS IN DISGUISE

SOME HOME IMPLEMENTS can be daggers in disguise. Used safely they can be put to many good uses. Home injury studies have brought out the fact that cuts are among the top types of injuries. See if you have developed good safe practices when you use knives, scissors, and razors, when you open cans or dispose of broken crockery or glass.

When you lay a knife down, place it away from the edge of the table with the handle, not the blade, facing you.

When using a pry type can opener, hold the can firmly supported on a table. Keep fingers away from jagged edge of can. A revolving type can opener is safer.

When handing scissors or a knife to another person, hand it with the handle towards him.

Keep your fingers out of the way of scissors blades. Give children blunt pointed scissors and teach them never to run with them.

Keep knives in a wall container or drawer which keeps them separate from each other and other utensils, with the handles easily obtainable.

Razor blades used for ripping seams, scraping paint, etc., should be used in a holder designed for that purpose. Discard blades in a container with a slot which may be taped over when the container is disposed of.

Don't use a knife to open a can. The pressure used to pierce the tin can cause the blade to slip.

Discard broken glass in newspaper wrapping. Protect hands by using a sheet of paper or gloves when picking it up. Handle glass with care when washing.

BUILT-IN SAFETY

Suggested Program for June

BUILT-IN SAFETY is the engineering aspect of home accident prevention and is a means of getting at the root of some of the causes of accidents. Contact your local architects and builders associations first to see if you can interest them in sponsoring your program this month. You may find that they need some education along these lines themselves. The NSC booklet, *When You Build or Remodel*, which was produced through the cooperative efforts of a committee of experts, will serve as the basis for this education. The American Public Health Association's book, *Standards for Healthful Housing, Construction and Equipment of the Home*, is another good reference.

The local builders association may wish to schedule a talk on this for a meeting of their own. The talk can be presented by a member of the safety council, a member builder, an architect, or a sanitary engineer from the health department. Representatives from these groups may be persuaded to address groups of young married couples, too, to develop a demand for built-in safety in the buying public.

After interest has been aroused, the local builders association can sponsor free counseling service to builders and prospective home owners on this subject.

Through the local office of building permits, you may be able to obtain the names and addresses of individuals who plan to build or remodel and send them a copy of *When You Build or Remodel*.

Homemakers clubs can make a project of studying this booklet together with articles from homemaking magazines which point up good storage and work simplification ideas.

Make a small-scale model home—perhaps with the help of a local hobby club or woodworking class—for display in a local store window, bank, loan association, schools, at meetings, and so forth.

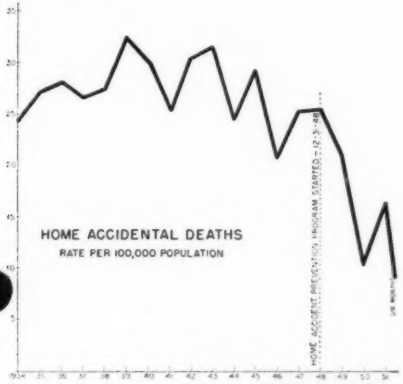
A local radio station may wish to arrange to have an architect or builder, public health official, or the city building inspector discuss built-in safety with relation to the city building code.

Sliding kitchen cabinet doors (top) get rid of bumping hazard. (Middle) Play space for child closed off from kitchen work area keeps him out of mischief. Windows easy to clean from inside (bottom) "build out" fall hazard.

Take a set of photographs showing right or wrong situations to use as illustrative material for newspaper articles. You can spotlight a model's foot groping for the slender end of a winder step in a poorly designed stairway. Perhaps you can show the confusion which results when two people are using doors which are hung in such a way that they open against each other.

Kalamazoo Health Department Story

THE HOME ACCIDENT prevention program in Kalamazoo is producing results. In 1949 the Kalamazoo City-County Health Department received a three-year grant from the Kellogg Foundation to establish a demonstration home safety program. Prior to the start of the program the average yearly death rate from home accidents was 27 per 100,000 people. The average yearly death rate for the three years 1949-1951 was 16 per 100,000.



Courtesy *Michigan's Health*

"The results to date," W. B. Prothro, M.D., former director, Kalamazoo health department, states in *Michigan's Health*, "must be considered too premature to use as a final evaluation, but they do merit confirming studies by other health departments."

The program was based on an intensive educational campaign. A specialized health educator was employed to direct the program. The regular health physician, dentist, nurse, and engineer cooperated with him. The experiment has been continued for another two years.

DRY ICE IN FREEZERS

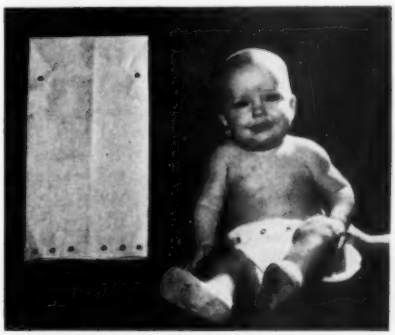
In some cases recommendations have been made to pack a home freezer with dry ice to keep the food when there is a power failure. Dry ice is carbon dioxide gas which can be very suddenly lethal if one should lean down into the freezer to get something. Caution should be exercised. If you do use dry ice, keep your head out of the freezer until you have the power on again. Then open the freezer up and ventilate it thoroughly with a fan. Carbon dioxide is only dangerous if you have it in a highly concentrated form such as you would have inside a freezer packed with dry ice.

TIN FOIL

Tin foil is being used in ovens and broilers to catch drippings and save cleaning the broiler pan or the oven. A piece of foil placed on the broiler rack in an electric range could curl and touch the unit, causing a short circuit. The drippings caught in the foil are held nearer the unit than they would be in the broiler pan and are more likely to catch fire whether the range is gas or electric. It is recommended that the foil be placed on the broiler pan under the rack instead of on top of the rack.

In oven cooking, a large sheet of foil placed on an oven rack will interfere with the heat circulation. If placed on the bottom of the oven, the foil will fuse to the oven and cause crazing of the enamel. Therefore when foil is used in the oven, place a piece slightly larger than the cooking utensil on the rack under the rack on which the utensil is set. Shape the foil like a shallow dish to catch the drippings.

PINLESS DIAPER



The diaper illustrated above is fastened with snaps. Thus the pricks and scratches caused by accidentally opened safety pins are eliminated, and there will be no possibility of baby's popping a pin into his mouth while his diaper is being changed.

DID YOU KNOW?

Did you know that home accidents took 30 per cent of the lives lost in all accidents in 1951?

A comparison of the home deaths by type of accident with the totals for all places renders some startling results:

Type	Percentage occurring at home
Falls	71%
Burns	77%
Poisonous gases	61%
Poisons	83%
Firearms	40%

P.T.A. Program Aids

Two Parent-Teacher groups have published program aids for their safety chairmen. The Washington Congress of Parents and Teachers produced *Operation Cooperation* which gives suggestions for preschool, elementary, high school, and rural P.T.A. groups. It also lists local and national organizations from whom the P.T.A. chairman may obtain help.

A Hand-Book for PTA Safety Chairmen (preliminary edition) was written by local safety chairmen and local safety workers for use in Oklahoma City and edited by Dick Mayes, assistant manager, Oklahoma City Safety Council. This book is divided into three sections. Section I contains general advice on the PTA safety committee, the job of the safety chairman, improving the program, and so forth. Section II tells what other groups the safety committee can work with and describes materials and where to get them. Part III gives brief monthly theme suggestions on traffic, child, home, and seasonal hazards. These theme programs list pertinent safety rules so that the chairman can have a handy reference work to aid her.

How To Get the Facts

Show the Facts about Home Accidents, prepared by the Public Health Service, Federal Security Agency, in cooperation with the National Safety Council, is intended for use of state and local health departments. This leaflet tells how to get detailed facts about home accidents and contains a sample supplementary form for obtaining additional information as a follow up of death certificates. It describes how to use this form, how to compile statistics from the reports, and suggests ways in which the facts derived from the reports may be used in local home safety programs. Single copies are free from the National Safety Council.

CONFERENCES

Home safety will be presented on the programs of the following conferences:

April 2-3, Iowa Safety Council Assembly, Des Moines, Iowa. Two sessions on home safety will present a skit, panel, project presentation, and speeches. Among the participants will be Miss Gladys Olson, Iowa State College, Mrs. Charles Reynolds, Iowa Congress of Parents and Teachers, Mrs. Blanche Allbee, American Legion Auxiliary, and Dr. Leonard Murray, Iowa Department of Health.

April 11, Indiana Home Economics Association, Bloomington, Indiana, *A Family Affair*, Elizabeth Reed, Consultant, Home Safety Division, N.S.C.

April 22 and 23, Kentucky State Safety Conference, Louisville, Kentucky. There will be talks on home safety, an electrical demonstration, school shop safety, home economics instruction, recreation safety, public health, civic group participation, and 4-H Club and Homemakers.

April 29, Western Safety Conference, Phoenix, Arizona, Home Safety Section meeting.

May 7-9, Virginia State Safety Conference, Roanoke, Virginia, *Home Safety*, Thomas Fansler, Director, home safety division, N.S.C.

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